File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Dec Maines, Joya 50319



- 277 (1742 A) 4145

Des Moines, lowa 50319 Fax: 515-281-4073		S, SEE BACK OF FORM		
	DISCLUSURE	SUMMARY PAGE	_	
COMMITTEE NAME (Must be	same as on Statement of Organ	nization)]	
13/0621			FOR	
	of committee you are reporting for:		DR	DISCLOSURE REPORT
	Standing for Retention Candidate (2) i) County Candidate (6) City Candid)State PAC (3)State Party ate (7)School Board or Other Political	11	
Subdivision Candidate (8)Count 11) Local Ballot Issue	y PAC (9) City PAC (10) School B	oard or Other Political Subdivision PAC	(For Off	#21473_
CANDIDATE COMMITTEES	ONI Y:		— I	
Candidate Name	OHET.	Political Party (if applicable)		In
	- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0			er
Office Sought		District (if Senate or House)		
			_]	
Lale reports are subject to possi	Se civil and criminal penalties. Pur	suant to lowa Code sections 68B.32A(7) and 68A.401	1(3), the candidate, for a
YVk	100-1	<u>3193312593</u>	10	<u> </u>
SIGNATURE OF PERSON FIL	ING REPORT	TELEPHONE	<u></u>	DATE SIGNED
I AM FILING A 10 ~	19-07	REPORT FOR (1) ELECTION /	(2)NON-ELEC	CTION YEAR.
(re	eport date)	Indicate by #	Ш	
CHECK IF AMENDMENT T	O REPORT DATED		ocal Committee	es, enter Date of Election
Check if this is final (termine to You must continue to	ation) report and atlach Notice of o file reports until a DR-3 is filed.	١ ١٠		Committees, enter County In Inching
071751	THE OF GAGIL ON HAND		•	
SIAIEM	ENT OF CASH ON HAND	!		
CASH ON HAND at the beginn committee. This amo	ning of the reporting period. (Tot	al of all funds held by the	\$	
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CASH ON HAND at the begins committee. This amo of the last reporting p	ning of the reporting period. (Tot bunt MUST be the same as the c seriod or must be zero if this is fin Y TAKEN IN THIS PERIOD	al of all funds held by the ash on hand at the end st report filed.)		16,001,32
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SCHEDULE

For Instructions, See Back of Form

C

ONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	•	CK THIS BÓX IF NDING FÖRM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC (DENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9110107	ID# CK#	The Summit POBOX 2660 FOWG City FA52244		\$500,00	
9/10/07	ID# CK#	Jour City IASDAYY ONE EYEL Jakeh Box 1266 Towa City IASDAYY		5000.00	
9/11/67	ID#	Spairts Column 13 3, Dubulne St Tong City I/152249		5000°0	
16/10/67	ID#	Etc., 118 3. Dabuque Fowa (174 TA 52240		100000	
16/10/67 9/28/07	1	Towa State Bank Box 1700 Fown City It 52240		1,32	
	ID#	,			
	CK#				
	ID# CK#				
	ID#		, ,,		
	ID# CK#				
			SUB-TOTAL	s	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ or _____

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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	S. III. A. F. A. B. P. C. S.	The Association 1

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
_	CK THIS BOX IF NDING FORM

	31002	1		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-13-07		Student Nealth Iniative Task Force	Contribution to PAC	\$ 1000 00
9-19-07		Student Health Inicative Task Force	Contribution to PA	225000
9-24-07		Johson Co Auditor 415 3 Dybugue Jour City #452040	Blank registration forms	5000
10-1-07	<u> </u>	Johnson Co. Auditor SHO 9135 Dubrique ICIA Student Health	Blank Ballot	30∞
10-1-6		Student Health Initiative Task Force	to PAC	369500
10-20	ID# CK# (Johnson County 913 5. Auditor 12, 145234	registration/ phallotforms	500
10-10	D# CK# 7	Student Health Initiative Task Force	Contribution	42509
9-27-07	ID# CK# /001	Screen printers	Yard Signed Bunners	2754.68
		Iowa C117 1A52240	SUB-TOTAL	\$ 14,079,69
			TOTAL (if last page of this schedule)	\$

THIS BOX AF	PLIES TO	CANDIDATES'	COMMITTEES O	NLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, adventising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i)...)

Page	of	
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FOR INSTRUCTIONS, SEE BACK OF FORM

STATE OF THE STATE OF	
KCKE TORD	SCHEDULE

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT SCHEDULE B MONETARY (Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)			
	Blac.	~ 1			
DATE EXPENDED (MM//DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WIOM EXPENDITURE (Disbursament) WAS MADE	PURPO (DESCRIBE TRA	NSACTION)	AMOUNT EXPENDED
10-9-07	CK#/002	Signs Screen Printers sos a come tought	cling ov Sticke	rs	\$ 1195.12
	ID# CK#	500 % CARE 4003019	7		
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1			TOTAL (If last page	SUB-TOTAL	\$ 1195.12

TIME	DAY ABBILITY	- W	ATER COMMITTEES C	
ııma	BUX APPLIES	S TO CAMPIN	MTSE: COMMITTEES O	AREI V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 88A.402(3)(i).)

Page	 '	of
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152480

COMMITTEE NAME (Must be same as on Statement of Organization) 3 0 2 Reset Form				SCHEDULE E (Rev. 06/97) CONTRIBUTIONS CHECK THIS BOX IF AMENDING FORM	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE 1 (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	Good town Graphics 310 Keno St Jour City 7452245	(ii apprount)	Website growhie Art	100000	
SUB-TOTAL TOTAL (if last page of this schodule)				100000	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______ of _____ (for Schedule E)